

## Application for MTC Advisory Committees

The Metropolitan Transportation Commission invites Bay Area residents to serve on one of three advisory committees (see attached fact sheets for specific information on each of the committees). The committees advise MTC — the regional transportation planning and financing agency for the nine-county San Francisco Bay Area — on transportation matters of concern to the public. Each member is appointed by the Commission for a two-year term. Please complete this application and return it to: MTC Public Information Office, 101 Eighth Street, Oakland, CA 94607-4700, Fax: 510.817.5848, or download the application from MTC's Web site at <[www.mtc.ca.gov](http://www.mtc.ca.gov)>. For more information, call MTC Public Information at 510.817.5757.

**Name** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street Apt./Suite #  
\_\_\_\_\_  
City State Zip Code

**Telephone** ( ) ( ) ( )  
Work Home FAX

**E-Mail** \_\_\_\_\_

**County of Residence** \_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_ No \_\_\_

Have you ever served on an MTC Advisory Committee? Yes \_\_\_ No \_\_\_

If yes, please check the name of the committee(s):

___ Minority Citizens Advisory Committee	Years of Service _____
___ Elderly and Disabled Advisory Committee	Years of Service _____
___ Advisory Council	Years of Service _____

## Advisory Committees

Check one or more of the three Advisory Committees of interest.

\_\_\_\_\_ **MTC Advisory Council** – Advises MTC on the Bay Area's 25-year transportation plan and investment strategy, integrated transportation and land use planning, funding priorities and other subjects. The Advisory Council is composed of twenty-four (24) members appointed from the interest categories shown below. (In addition, two members each from the Minority Citizens Advisory Committee and the Elderly and Disabled Advisory Committee are appointed to the Advisory Council.)

**Please check the membership category or categories for which you are applying:**

<b>Interest Category</b>	<b>✓</b>
Academia	
Architecture	
Business	
Community	
Construction	
Engineering	
Environmental	
Labor	
News Media	
Safety	

<b>Transportation User Category</b>	<b>✓</b>
Freight	
Transit	
Automobile	
Non-motorized Transportation	

\_\_\_\_\_ **Minority Citizens Advisory Committee** – Advises MTC to ensure that the views and needs of minority and low-income communities are adequately reflected in MTC policies. The committee is composed of twenty-six (26) members, 24 of whom are from the nine Bay Area counties who must be of African American, Asian, Hispanic/Latino or Native American descent. In addition, two members are from, or work with, a low-income community.

**Please check the membership category or categories for which you are applying:**

<b>Member Category</b>	<b>✓</b>
African American	
Asian	
Hispanic/Latino	
Native American	
Low-income	

\_\_\_\_\_ **Elderly and Disabled Advisory Committee** – Advises MTC on transportation projects and services that affect older adults and persons with disabilities. The committee is composed of twenty (20) members, with one elderly and one disabled advisor appointed from each of the nine counties, plus two appointed by MTC's regional agency Commissioners.

**Please check the membership category or categories for which you are applying:**

<b>Member Category</b>	<b>✓</b>
Elderly	
Disabled	

## Reasons for Wanting to Serve

*(Please type or print responses here or use a separate sheet. Be sure to include your name at the top of every page.)*

1. Why do you want to serve as an advisor to MTC? What suggestions, ideas, needs, or areas of concern do you want to see addressed in regional transportation planning for the nine Bay Area counties?
  
  
  
  
  
  
  
  
  
  
2. Do you have any time constraints or other challenges serving a two-year term?
  
  
  
  
  
  
  
  
  
  
3. What would you contribute to the advisory committee? (Please specify special skills, interests or knowledge of transportation.)
  
  
  
  
  
  
  
  
  
  
4. What modes of transportation do you use primarily: a) for work, b) for other activities? (Please specify automobile, public transportation, paratransit services, carpool, bicycle/pedestrian.)
  
  
  
  
  
  
  
  
  
  
5. Do you have any experience with paratransit services? Yes \_\_\_ No\_\_\_  
If yes, please describe your experience:\_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
6. Please list memberships in any associations or organizations, including professional, volunteer and community activities in which you have been or are now actively involved. (Also indicate county where you participate.)

**Ethnic Background (Optional)**

\_\_\_\_ African American/Black      \_\_\_\_ Hispanic/Latino  
\_\_\_\_ Asian or Pacific Islander      \_\_\_\_ Native American/American Indian/Alaskan Native  
\_\_\_\_ Caucasian      \_\_\_\_ Other (please state): \_\_\_\_\_

**Employment History**

*(Current résumé may be attached in lieu of completing this section of the form.)*

Employer                      Occupation/Job Title                      Length of Service

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**References** *(List the names of at least two persons who have known you for two years or more.)*

Name                      Address/Telephone                      Business/Organization                      Years Known

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I certify that the foregoing statements are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date